## UNIT 2: OBSTETRICS SECTION A: NORMAL OBSTETRICS

# Educational Topic 10: Antepartum Care

**Rationale:** Antepartum care promotes patient education, provides ongoing risk assessment with the aim to maintain positive maternal and fetal outcomes.

#### Intended Learning Outcomes:

A student should be able to:

- Diagnose pregnancy
- Determine gestational age
- Assess risk factors for pregnancy complications, including screening for intimate partner violence
- Describe appropriate diagnostic studies and their timing for a normal pregnancy
- List the nutritional needs of pregnant women
- Identify adverse effects of drugs and the environment on pregnancy
- Perform a physical examination on obstetric patients
- Discuss answers to commonly asked questions concerning pregnancy, labor and delivery
- Describe approaches to assessing the following:
  - Fetal well-being
  - Fetal growth
  - Amniotic fluid volume
  - Fetal lung maturity
- Describe the impact of pregnancy on medical problems and the impact of medical problems on pregnancy

#### TEACHING CASE

CASE: A 24-year-old woman presents to the office for her routine prenatal visit. She appears anxious. She denies fever, chills, abdominal pain or cramping. She says that she has been urinating more frequently than usual, without pain, and notes fatigue that she attributes to stress at her work. Her last menstrual period was 7 weeks ago, and she typically has 28-day cycles. She has never been pregnant. She tells you that she and her boyfriend plan to marry in the next year. Her medical history is only significant for a hyperthyroid disorder, which she has had for over 10 years. Her last check up was about 6 months ago. She takes methimazole. Otherwise, she has had routine gynecologic follow up, with normal pap smears and she has never been diagnosed with a sexually transmitted infection.

The patient is 170 pounds and is 5'5" tall. On physical exam, her vital signs include a pulse of 85, blood pressure of 115/70. Speculum exam reveals normal appearing vaginal epithelium and cervix. The cervical os is closed. Bimanual exam reveals a slightly enlarged and globular uterus consistent with a 7 week sized pregnancy; the adnexae are without masses and tenderness.

### COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

- Patient care
- Medical knowledge
- 1. What are the first steps in the assessment of this patient?
- 2. With routine prenatal care, what factors need to be discussed with this patient?
- 3. What are the routine laboratory studies collected at the first prenatal visit?
- 4. What additional screening tests does she require with her thyroid disease?
- 5. What additional concerns should be discussed with the patient regarding management of her pregnancy
- 6. What concerns are there for medication use for hyperthyroidism in pregnancy?
- 7. How can this patient be followed for fetal well being in the third trimester?

#### **REFERENCES**

Beckman CRB, et al. Obstetrics and Gynecology. 7th ed. Philadelphia: Lippincott, Williams & Wilkins, 2013. Hacker NF, Moore JG, et al. Essentials of Obstetrics and Gynecology. 5th ed. Philadelphia: Saunders, 2010. ACOG Practice Bulletin #37 Thyroid Disease in Pregnancy, August 2002 (reaffirmed 2013)